

36 22

TWENTY-SECOND

ANNUAL REPORT

OF THE

DIRECTORS

OF

JAMES MURRAY'S ROYAL ASYLUM  
FOR LUNATICS.

---

JUNE 1849.

---

PERTH:

PRINTED BY ORDER OF THE DIRECTORS,  
BY T. GUTHRIE.

---

MDCCCXLIX.



Digitized by the Internet Archive  
in 2018 with funding from  
Wellcome Library

<https://archive.org/details/b30317022>

## R E P O R T .

It is now the duty of the Directors to present the Twenty-Second Annual Report of the Institution.

It will readily occur, that, in a well-organised Institution like the present, there can be little variety of detail in the mode of conducting and managing its internal concerns, so that the history of one year, with a few variations, may be expected to be similar to another.

This Asylum was first opened for the reception of patients on 28th May, 1827, and has therefore already begun the twenty-third year of its existence. Although the statistics of one year, taken by themselves, would be of little value, it is otherwise with the accumulated experience of twenty-two years, which the Physician has been at pains to analyse and to exhibit in his annual report, accompanied with tables, which must prove interesting and instructive, not only to those concerned in the management of this Institution, but to all who make insanity a subject of study.

Some of the results of the analysis referred to may be here noticed. It appears that since the Asylum was first opened, to the present time, 748 patients have been admitted—389 males, and 359 females. Of that number, 110 were re-admissions; and if these are deducted from the gross number just mentioned, the total number of admissions would be 638—347 males, and 291 females. Out of this number, 313 have been cured—138 males, and 175 females; 111 have died—70 males, and 41 females. 71 have been removed much improved; and many of whom, had they been allowed to remain long enough in the house, would, in all probability, have been also cured. Eighty-six have been removed with little or no improvement, the disease appearing to become permanent, and the friends or

relations of those persons either took them home to their own houses or sent them to other places.

The number of cures as compared with the admissions presents a most cheering and delightful fact to all well-wishers of their species ; and while it pronounces a marked encomium on the efficiency and success of this Institution, it proves beyond dispute that the curative processes which medical skill has devised and applied in the treatment of the insane are productive of the happiest results.

It further appears from the Physician's Report that intemperance must be classed among the principal exciting causes of insanity, a fact which cannot be too generally known. This is not to be understood as applying merely to cases of *delirium tremens*—the immediate effect of the abuse of intoxicating liquors—but is also the consequence of a long course and continuation of dissipated habits, which, by gradually creating bodily disease and infirmity, lays the foundation of dyspepsia, sleeplessness, and other symptoms premonitory of insanity.

For further interesting details reference must now be made to the Physician's Report itself, such parts of which as were considered suitable for general perusal being printed as an appendix to the present report of the Directors.

The Weekly Committee of the Institution held a special meeting to take into consideration the Lunacy Bill now before Parliament. Having conferred on the subject, it appeared to the meeting that various improvements had been made on the bill, as compared with that introduced during the last session, and that there were not sufficient grounds to warrant those in the management of this Institution to adopt measures for opposing the bill. In arriving at this conclusion, the Committee did not consider that it fell within their province to form any opinion in regard to those provisions of the bill which would have the effect of imposing an additional pecuniary burden on the community.

Since the last annual meeting, the Directors have acquired the mansion-house of Pitcullen, which adjoins the



grounds of the Asylum, and which they have caused to be arranged and fitted up, for the reception of patients of a higher class, in such a manner as to combine all the advantages of a private establishment with the supervision and superintendence of the directors and staff of a public institution.

Like the Asylum, Pitcullen is situated in a healthy and commanding locality, with extensive and magnificent views of the Tay and Grampian Mountains; and although in the immediate vicinity of Perth, it is completely secluded, having every facility of access without publicity. The Directors consider that they have made an acquisition to the Asylum by this purchase, as they are enabled to accommodate a superior class of patients in their new house, whilst, by removing them from the Asylum, they can provide for a much greater number of persons less able to afford a high board, and cause a more complete separation than they have hitherto been able to manage.

During the past year, 37 patients have been admitted—21 males, and 16 females; 18 have been dismissed cured—8 males, and 10 females; 9 have been removed by their friends, more or less improved—7 males, and 2 females; 4 have been removed unimproved—2 males, and 2 females; 8 males have died, and there now remain in the house 162 patients—90 males, and 72 females.

Since the last annual meeting, the Directors, in consequence of the resignation of the Rev. John Bell, the Chaplain of the Institution, made choice to fill that office, of the Rev. William Murdoch, parochial teacher of the parish of Kinnoull, who discharges his delicate and important duties with prudence and fidelity.

In conclusion, the Directors desire to express their satisfaction with the manner in which the different officers of the Institution have discharged their respective duties during the past year; and they trust that, through the combined exertions of those in the direction, and of the various officers, this Institution may, by the blessing of God, long continue to prosper and to confer important benefits on the community among whom it is situated.

# LIST OF OFFICE-BEARERS,

1849—50.

---

WILLIAM PEDDIE, Esq. of BLACKRUTHVEN, *Chairman*.

---

## DIRECTORS.

### I.—EX-OFFICIO.

The Right Honourable the EARL of KINNOULL, Lord-Lieutenant of the County of Perth.

JAMES CRAUFURD, Esq., Sheriff of the County of Perth.

HUGH BARCLAY, Esq., Sheriff-Substitute of the County of Perth.

DAVID CLUNIE, Esq., Lord Provost of the City of Perth.

WILLIAM IMRIE, Esq., Dean of Guild of said City.

JAMES DEWAR, Esq., First Bailie of said City.

JAMES CONDIE, Esq., President of the Society of Procurators.

ALEXANDER TULLOCH, Esq., Convener of the Trades of Perth.

The Rev. JOHN MURDOCH, Minister of the Middle Church, Perth.

### II.—LIFE DIRECTORS.

WILLIAM PEDDIE, Esq. of Blackruthven.

ALEXANDER H. M. BELSHES, Esq. of Invermay.

Major WILLIAM MORAY STIRLING, of Abercairney.

ANDREW KELTY, Esq., M.D., Tayhill, Perth.

### III.—ANNUAL DIRECTORS.

J. B. BELL, Esq. of Glenfarg.

Dr. F. THOMSON, Crescent, Perth.

JOHN CONNING, Esq., Writer, Perth.

ALEXANDER STODDART, Esq. of Ballendrick.

Sir JOHN MUIR MACKENZIE, of Delvine, Baronet.

General ALEXANDER LINDSAY, of Earlybank.

Lieut.-Col. ALEXANDER BALMAIN, of Dalvreck, Perth.

HENRY B. MACFARLANE, Esq., M.D., Perth.

Colonel J. M. BELSHES, Invermay House.

DAVID CRAIGIE, Esq., Banker, Perth.

ALEXANDER M'DUFF, Esq. of Bonhard.

LAURENCE CRAIGIE, Esq. of Glendoick.

---

WILLIAM MALCOM, Esq., M.D., Physician.

Dr PAUL PIERIDES, Surgeon.

Mr. WILLIAM GLOAG, Commercial Bank, Perth, Treasurer.

Mr. DAVID MACKENZIE, Writer, Perth, Secretary.

The Rev. WILLIAM MURDOCH, Chaplain.

Mr. CHARLES WALSH, Superintendent.

Mrs. WALSH, Matron.

Miss SHAW, Housekeeper.



# APPENDIX.

---

## ANNUAL REPORT BY DR. MALCOM,

TO THE DIRECTORS OF JAMES MURRAY'S ROYAL  
ASYLUM FOR LUNATICS.

*June 11, 1849.*

THIS Asylum has now been open for the reception of patients for twenty-two years, and during that time seven hundred and forty-eight have been received and treated; of these, three hundred and eighty-nine were males, and three hundred and fifty-nine females. Out of this number three hundred and thirteen have been cured—one hundred and thirty-eight males, and one hundred and seventy-five females. One hundred and eleven have died—seventy males, and forty-one females. Seventy-one have been removed much improved, and who, had they been allowed to remain long enough in the house, would, in all probability, have also been cured; of these thirty-five were males, and thirty-six females. Eighty-six have been removed with little or no improvement—the disease appearing to become fixed and permanent, their friends and relations took them home to their own houses, or sent them to other places, where they paid less for them, not wishing to place them in an inferior position whilst here.

The system pursued in the treatment of the insane in this Asylum has invariably been gentle and practical—studying throughout to make their position, as nearly as circumstances would permit, as comfortable as possible, that they might be less sensible of the deprivations to which they are unavoidably subjected by being removed from home. All the courtesies of life are observed in intercourse with them, they have free ingress and egress to such of the airing grounds as their malady and situation

in life render proper and fit for them, and these privileges they enjoy very much. They are free from personal restraint, in so far as this is beneficial and safe for themselves and others, and live altogether in their different wards and galleries like a large family.

As I have frequently in my reports expressed my opinion of the subject of personal restraint as differing from mechanical restraint, it may only be necessary for me to repeat some parts of these statements. Whilst I deprecate the former system of almost universal and indiscriminate restraint for the insane, I am also unfriendly to the present fashion of the total abolition of mechanical, and the substitution of personal restraint.

Among the most prevailing causes of insanity, I would mention hereditary predisposition. In the great majority of cases, I have been able to elicit this truth; but I can, at the same time, say that I by no means find the disease is less easily cured when this is the case, nor do I consider it a reason for a more unfavourable prognosis. I may also incidentally mention, that insanity, like gout and consumption, or any other hereditary complaint, may, and does wear out in succeeding generations, and leaves the offspring of persons who have suffered from these diseases free from them altogether. Intemperance holds the second place as the exciting cause of insanity. By this I do not mean to include cases of delirium tremens—the immediate effect of the abuse of intoxicating liquors—but insanity arising from a long course and continuation of dissipated habits, which gradually creating bodily disease and infirmities, lays the foundation of dyspepsia, sleeplessness, and those symptoms premonitory of insanity. Poverty has in all ages been a fruitful cause of insanity; the long continuance of privations, the frequent want of the most common necessities of life, famine, and the dread of approaching famine, have driven many to the commission of suicide or murder, or both. These are the immediate effect of that sudden and irresistible insanity which seizes the mind, and the result is as frequently sudden and violent. But there



is another, and what I would call a lesser insanity which attaches itself to those unfortunate individuals : a species of slow delirium gets possession of the mental faculties, during which the person attacked gives utterance to the most preposterous chimeras and imaginations, saying that they are possessed of devils, have intercourse and receive support from devils, to whom they have sold themselves for a period of years, and to whom they have made over their eternal salvation ; that, by the powers thus granted to them, they have the means of injuring, or as their phrase goes, of bewitching those to whom they have spite, or an ill-will : at other times they declare that they have had carnal connexion with witches, wizzards, or incubi. Strange that these hallucinations should have been believed by wise men, judges, clergy, physicians, and the learned of their day ; and how these men could admit as facts, things so perfectly in opposition to the laws of nature, condemning thousands of the unhappy maniacs to be burned as witches, when a more humane and more enlightened policy would have sent them to a madhouse. It is worthy of remark, that this species of insanity prevailed in all countries nearly about the same time—all over the Continent, as well as in England and Scotland ; and the crimes and legal murders perpetrated by our forefathers amounted to a number at which we now shudder to think. It would extend this report too far were I to pursue this most interesting inquiry. I will therefore merely state that the great, very great majority of those persons who suffered for supposed witchcraft, were either poor old women worn out with sufferings and hunger, or young women suffering from hysteria and uterine diseases.

Fear, or more properly fright, is a painful exciting cause of insanity, and occasionally even of death. It seems to unhinge the mental faculties more than any other cause of madness, and a recovery from the disease where this has been the cause, is very rare. Hence it should at all times be as much as possible guarded against, especially among the young, whether it be by relating tales of horror,

threatening children with some imaginary but fearful object, or the silly practice of startling and frightening persons whether old or young. Medical men and persons of more robust mind, should be particularly cheerful and confident in their deportment; and desponding language during the prevalence of any severe epidemic, such as cholera, &c., should be anxiously avoided, as the depressing passions and severe mental anxiety which many undergo at these times, tend to induce disease or cause insanity.

Periods of trouble or excitement, whether arising from political changes or religious controversies, are exceedingly fruitful of insanity. In our own times, we have seen much of this, at least in other countries. The various and frequent revolutions in France have added largely to the list of the insane there, as we learn from authors who were witnesses to the effect produced. In the revolution of 1830, I was in France before the violence had subsided, and I visited both the Bicetre and the Salpetriere. There I saw numbers who, either from excitement or fear, had gone perfectly mad; and one Englishman I saw, a working saddler, who had become at once idiotic. In our own country, the Reform Bill, and the much-to-be-lamented split in our National Church, have been the cause of deprivation of reason to many. There are other exciting causes which, however, are neither so frequent nor of so much importance as to require more than a bare recital of them: such as defective education, or the opposite; too intense application to study; an ill-directed course of reading, such as novels, also predisposes to ridiculous and preposterous notions, to romantic visions, nearly allied to insanity.

The tables will show the general results of twenty-two years' experience since the opening of the Asylum in 1827 to the present year, which, I am happy to find, are as successful as those of any other Institution of the same kind, and afford as good ground for encouragement.

But our locality, besides being beneficial to the insane, exercises a most important influence on the mortality of



our Institution, which is less than in most of the Asylums of Great Britain.\* The smallness of our mortality I ascribe, under Providence, to the salubrious position we inhabit, which fortunately exempts us from many diseases which are common in other places. Epidemics of influenza, which were so deadly in other establishments, scarcely visited us; neither are we much afflicted with diarrhœas, which are so fatal to the aged, and to weak, infirm patients. I also ascribe much to a full and generous diet as a most important point in the treatment of the insane, and when the necessity of wine or malt liquors, or anything else is required, it is at once freely resorted to. For I am of opinion that, as in mental diseases we have no method of directly reaching the mind, whatever means improve and restore the healthy action of the animal frame act most powerfully, although indirectly, on the immaterial mind. Of course I would be understood to mean in cases where there is no injury to the head from violence, or organic changes in the brain from long-existing disease.

Warm and comfortable clothing for the patients, attention to the properly heating and ventilation of the building, act, as is well known, as valuable prophylactics against disease, which, in less fortunate circumstances, would be sure to prevail. As illustrative of this, it may be mentioned, that although old people abound with us (as they do in other establishments), yet we seldom have a case of rheumatism, and very few of the common colds which are prevalent in the winter months.

Manual labour, in the open air, has been hitherto the principal means used for the employment of patients, and it has been found to answer well. It acts, we think, beneficially in two ways. In the first place, it improves the general health, by restoring the appetite and inducing sleep; and in the second, by interrupting the current of insane ideas which evinced themselves at first in, and afterwards were associated with, the employment of the patient. However, when we see an unwillingness to this

\* Statistics of Insanity, by Dr. Thurwin. Table XII.



method of employment, rather than allow such patients to go inactive, we permit them to exercise their usual employment, and we have had, from time to time, thus occupied in carpentry, tailoring, shoemaking, bookbinding, &c. &c.

Of the medical remedies made use of during the twenty-two years, purgatives, warm baths, with ice-water cloths to the head, tartrate of antimony, and full dozes of opium, are the most useful means of reducing violent excitement; the dark room also is often necessary, as the stimulus of the light is too strong to the sensitive eyes,—cupping, blisters, and issues, are also resorted to when the cases are more obstinate. Alteratives are often made use of for the restoration of the secretion of the abdominal viscera, in the cases of melancholics and hypochondriacs.

Opium, in its different preparations, is a very valuable remedy in cases of patients labouring under a morbid nervous irritability, such as females who have undergone a period of long and anxious watching at the sick beds of fond relatives. The dozes resorted to in such cases have been full ones and repeated nightly, and increased, if necessary, till the full effect has been produced. Dr. Seymour, in his work on the “Nature and Treatment of several severe Diseases of the Human Body,” dwells very strongly on the efficacy of acetate of morphia in the treatment of mental derangement, in nightly dozes of half a grain in water, to be continued for weeks till the sedative effect was produced.

This method was pursued here in many cases for a month and six weeks, but, I am sorry to say, not with the happy effects that Dr. Seymour found in his cases. Tonics and antiacids are also much used in dyspeptic cases.

We come now to the analysis of the tables subjoined :—Table I. shows the general results of twenty-two years since the opening of the Asylum, in 1827, to June, 1849. In this table and the following ones, I have followed the method of Dr. Thurwin in his excellent work on the “Statistics of Insanity.” It will be observed from this, that

748 cases were admitted—of these, 389 were males, and 359 females. As, however, there were 110 re-admissions, as will be seen in Table V., viz., males 42, and females 68 ; therefore, the number of *persons* admitted was 638—males, 347 ; females, 291.

TABLE I.

SHEWING THE GENERAL RESULTS FOR THE TWENTY-TWO YEARS SINCE  
THE OPENING OF THE ASYLUM.

	Males.	Females.	Total.
Total number of cases admitted from June 1827			
to June 1849, . . . . .	389	359	748
	Male.	Fem.	Total.
Discharged Recovered, . . .	142	172	314
Discharged Improved, . . .	39	43	82
Discharged Unimproved, .	47	31	78
Died, . . . . .	71	41	112
	<hr/>	<hr/>	<hr/>
	299	287	586
Remaining in the Asylum, June 1849, . . . . .	90	72	162

Out of every hundred cases, of all descriptions, admitted during the twenty-two years, the proportions of patients who were discharged from the Institution under various circumstances, who died and who remained under care, at the end of the period, were as follows :—

	Males.	Females.	Mean.
Discharged Recovered,.....	36·5	45·1	41·90
Discharged Improved,.....	10·02	11·9	10·96
Discharged Unimproved,.....	12·08	8·6	10·0
Died,.....	18·2	11·4	14
Remaining, June 1849,.....	24	25	24
	<hr/>	<hr/>	<hr/>
	100·80	102	100·86

The mortality here appears greater in consequence of the calculation being made upon the number of persons admitted, but when the Table No. IV. is made on the patients resident, it will appear to be only 4·64 per cent. Table II. exhibits the result obtained each year from the opening of the Institution to the present time, thus enabling us to form an accurate idea of the yearly progress.



TABLE II.

SHewing THE NUMBERS ADMITTED, DISCHARGED, DIED, AND REMAINING EACH YEAR, FROM  
THE OPENING OF THE INSTITUTION IN 1827 TO 1849.

Years.	Admitted.			Recovered.			Improved.			Discharged Unimproved.			Died.			Remaining.		
	M.	F.	Tot.	M.	F.	Tot.	M.	F.	T.	M.	F.	Tot.	M.	F.	Tot.	M.	F.	Tot.
1827-1828	28	12	40	3	2	5	2	1	3	0	0	0	0	0	0	23	9	32
1828-1829	17	8	25	5	2	7	0	1	1	2	0	2	2	1	3	31	13	44
1829-1830	15	12	27	6	1	7	1	0	1	3	0	3	1	0	1	35	24	59
1830-1831	11	16	27	5	9	14	1	2	3	3	1	4	1	0	1	36	28	64
1831-1832	16	14	30	4	6	10	4	1	5	0	0	0	6	1	7	38	34	72
1832-1833	15	10	25	8	0	8	0	2	2	0	3	3	3	0	3	42	39	81
1833-1834	21	10	31	5	3	8	2	1	3	3	2	5	3	2	5	50	41	91
1834-1835	9	11	20	8	4	12	0	2	2	3	3	6	1	0	1	47	43	90
1835-1836	17	16	33	6	7	13	0	1	1	2	3	5	2	1	3	54	47	101
1836-1837	24	14	38	7	10	17	4	2	6	3	2	5	5	1	6	59	46	105
1837-1838	19	20	39	10	6	16	2	0	2	3	1	4	2	4	6	61	55	116
1838-1839	21	18	39	7	8	15	2	0	2	1	2	3	1	2	3	71	61	132
1839-1840	17	22	39	10	14	24	1	3	4	3	1	4	2	2	4	72	63	135
1840-1841	16	21	37	7	16	23	0	3	3	1	0	1	4	2	6	76	63	139
1841-1842	14	17	31	8	9	17	2	1	3	1	1	2	0	5	5	79	64	143
1842-1843	13	20	33	5	12	17	0	3	3	1	0	1	5	4	9	81	65	146
1843-1844	18	15	33	5	11	16	3	2	5	2	3	5	6	1	7	83	63	146
1844-1845	15	18	33	7	6	13	3	2	5	1	4	5	1	4	5	86	65	151
1845-1846	19	16	35	2	8	10	1	6	7	esc. 1 6	0	7	7	3	10	88	64	152
1846-1847	20	27	47	6	12	18	2	4	6	4	2	6	6	3	9	90	70	160
1847-1848	23	26	49	10	16	26	2	4	6	2	1	3	5	5	10	94	70	164
1848-1849	21	16	37	8	10	18	7	2	9	2	2	4	8	0	8	90	72	162
Total.....	389	359	748	142	172	314	39	43	82	47	31	78	71	41	112	90	72	162

The following Table III. shows the number admitted, discharged, and died, with the mean number resident, arranged in decennial periods from the opening of the Institution in 1827 to 1849.



TABLE III.

SHEWING THE NUMBER ADMITTED AND DISCHARGED, WITH THE MEAN NUMBER RESIDENT, AND THE RESULTS OF TREATMENT ;  
ARRANGED IN DECENNIAL PERIODS, FROM THE OPENING OF THE INSTITUTION, JUNE 1827, TO JUNE 1849.

Periods of Ten Years.	Admitted.			Treated.			Recovered.			Improved.			Unimprov'd			Died.			Remaining.			Mean Number resident each period.		
	M. F.		Tot	M. F.		Tot	M. F.		Tot	M. F.		Tot	M. F.		Tot	M. F.		Tot	M. F.		Tot	M. F.		Tot
	M.	F.	Tot	M.	F.	Tot	M.	F.	Tot	M.	F.	Tot	M.	F.	Tot	M.	F.	Tot	M.	F.	Tot	M.	F.	Tot
From 1827-1837, .....	173	123	296	173	123	296	57	44	101	14	13	27	19	14	33	24	6	30	59	46	105	40.3	27.3	67.6
„ 1837-1847, .....	172	194	366	231	240	471	67	102	169	16	24	40	24	14	38	34	30	64	90	70	160	89.9	60.4	150.3
Two years—1847-1849,...	44	42	86	134	112	246	18	26	44	9	6	15	4	3	7	13	5	18	90	72	162	92	69	161
22 years—1827-1849, ...	389	359	748	389	359	748	142	172	314	39	43	82	47	31	78	71	41	112	90	72	162	62.59	46.5	109.09

It also shows the progressive increase of the numbers resident, which is the accumulation of old and incurable cases that remains resident from year to year, and which will at future years increase the per centage of our mortality.

The proportion of recoveries per cent. of the admissions, and the mean annual mortality per cent. resident at different decennial periods.

TABLE IV.

Periods of Years.	Proportion of Recoveries per cent. of the Admissions.			Mean Annual Mortality per cent. Resident.		
	Males.	Fem.	Mean.	Males.	Fem.	Mean.
10 Years, 1827-1837,.....	32.35	38.52	35.27	4.30	1.94	3.08
10 Years, 1837-1847,.....	28.26	43.22	35.74	3.78	3.75	3.76
2 Years, 1847-1849,.....	36.03	22.72	18.17	5.67	3.11	4.39
22 Years, 1827-1849,.....	36.03	48.74	42.38	4.64	2.87	3.75

This table shows the average proportion of recoveries and the mean annual mortality during the several decennial periods.

We learn also from it, the relative proportion of cures in males and females; those in the latter being greater than the former; while in the deaths, which are very few indeed, the mean number being 3.75 per cent. resident on the 22 years, the proportion of deaths is less in the females than the males.

TABLE V.

	Male.	Female.	Total.
Re-admitted from 1827 to 1849, . . . . .	42	68	110
Discharged Recovered, . . . . .	15	35	50
Discharged Improved, . . . . .	5	10	15
Discharged Unimproved, . . . . .	4	3	7
Died, . . . . .	1	6	7
	—	—	—
Remaining, . . . . .	25	54	79
	—	—	—
	17	14	31

## TABLE VI.

SHEWING THE NUMBER OF PERSONS AND OF CASES RE-ADMITTED.

	Male.	Female.	Total.
Admitted twice, . . . . .	25	32	57
Admitted three times, . . . . .	5	6	11
Admitted four times, . . . . .	1	5	6
Admitted five times, . . . . .	1	1	2
Admitted six times, . . . . .	0	1	1
	—	—	—
Total number of persons re-admitted,	32	45	77
Total number of cases re-admitted,	42	68	110

Tables V. and VI. show the re-admissions and their results. Those among the men, who were most frequently re-admitted, were persons of very dissipated habits, and, of course, as soon as they went out of the Asylum, although they were then quite well, the propensity (which, unhappily, is almost incurable), led them to their former habits and to insanity. The case among the females is one of recurrent insanity; coming on at uncertain periods, she is hereditarily predisposed to the disease, and is naturally of a weak mind.

The tables of the deaths now follow:—No. VII. shows the length of residence in the Asylum of the cases before death. Table VIII. exhibits the ages of those who died since the opening of the Institution. Table IX. shows the mental disorders of those who died—six of whom were epileptics of many years' standing, and who died totally imbecile from the long continuance of the disease.

Table X. exhibits the diseases which proved fatal in the Institution.

## TABLE VII.

SHEWING THE ACTUAL AND AVERAGE DURATION OF RESIDENCE IN THE INSTITUTION AT TIME OF DEATH.

	Male.	Female.	Total.
Within ten days,* . . . . .	10	2	12
Within three months, . . . . .	7	7	14
From three to twelve months, . . . . .	16	8	24
From one to two years, . . . . .	9	5	14
From two to five years, . . . . .	11	7	18
From five to ten years, . . . . .	8	4	12
From ten to twenty years, . . . . .	9	8	17
From twenty to thirty years, . . . . .	1	0	1
	—	—	—
Total, . . . . .	71	41	112

\* It will be observed that in this table is given the number of days that some cases were in the Asylum before death, and it is due to say that those twelve cases which occurred within ten days of their admission, ought scarcely to be accounted among the deaths of the Institution, as almost the whole came in in a state which gave no other hope but a speedy termination of existence.



## TABLE VIII.

SHEWING THE AGES OF THOSE WHO DIED.

Age.	Male.	Female.	Total.
10 to 20, . . . . .	2	1	3
20 to 30, . . . . .	6	3	9
30 to 40, . . . . .	17	7	24
40 to 50, . . . . .	18	14	32
50 to 60, . . . . .	13	7	20
60 to 70, . . . . .	9	5	14
70 to 80, . . . . .	5	3	8
80 to 90, . . . . .	1	1	2
<hr/>			
Total, . . . . .	71	41	112

## TABLE IX.

SHEWING THE MENTAL DISORDERS IN THOSE WHO DIED.

	Male.	Female.	Total.
Mania, . . . . .	23	19	42
Monomania, . . . . .	3	0	3
Melancholia, . . . . .	7	4	11
Dementia, . . . . .	27	15	42
Amentia, . . . . .	3	3	6
Epilepsy, . . . . .	6	0	6
Delirium Tremens, . . . . .	2	0	2
<hr/>			
Total, . . . . .	71	41	112

TABLE X.

CAUSE OF DEATH.						Male.	Female.	Total.
CONTAGIOUS AND EPIDEMIC DISEASES.								
Diarrhoea, ... ..	...	...	...	...	...	1	0	1
Dysentery, ... ..	...	...	...	...	...	0	2	2
Influenza, ... ..	...	...	...	...	...	1	0	1
Fever, ... ..	...	...	...	...	...	1	2	3
						<u>3</u>	<u>4</u>	<u>7</u>
DISEASE OF BRAIN AND NERVOUS SYSTEM.								
Apoplexy, ... ..	...	...	...	...	...	6	0	6
Paralysis, ... ..	...	...	...	...	...	20	3	23
Epilepsy, ... ..	...	...	...	...	...	4	0	4
Disease of Brain, ... ..	...	...	...	...	...	6	0	6
						<u>36</u>	<u>3</u>	<u>39</u>
DISEASES OF THE ORGANS OF RESPIRATION.								
Pneumonia, ... ..	...	...	...	...	...	2	2	4
Asthma, ... ..	...	...	...	...	...	1	0	1
Pleurisy, with Empyema, ... ..	...	...	...	...	...	0	1	1
Pulmonary Consumption, ... ..	...	...	...	...	...	5	4	9
Accidental Fracture of Ribs, Perforation of Lung, ... ..	...	...	...	...	...	1	0	1
						<u>9</u>	<u>7</u>	<u>16</u>
Disease of the Heart and Aorta, ... ..	...	...	...	...	...	2	0	2
DISEASES OF STOMACH AND ORGANS OF DIGESTION.								
Enlargement of Mesenteric Glands, General Atrophy, ... ..	...	...	...	...	...	2	0	2
Gastrites, ... ..	...	...	...	...	...	0	2	2
Cancer in the Pylorus, ... ..	...	...	...	...	...	1	0	1
Enterites, ... ..	...	...	...	...	...	0	1	1
						<u>3</u>	<u>3</u>	<u>6</u>
Disease of Uterus, Cancer with Hemorrhagia, ... ..	...	...	...	...	...	0	1	1
DISEASES OF VARIOUS SEATS.								
Dropsy, ... ..	...	...	...	...	...	1	4	5
Gangrene of various parts, ... ..	...	...	...	...	...	2	3	5
General Exhaustion, ... ..	...	...	...	...	...	10	10	20
						<u>13</u>	<u>17</u>	<u>30</u>
Old Age and Natural Decay, ... ..	...	...	...	...	...	3	4	7
Death by violence, Suicidal Suspension, ... ..	...	...	...	...	...	2	2	4
Total, ... ..	...	...	...	...	...	<u>71</u>	<u>41</u>	<u>112</u>

# TABLES

EXHIBITING

## THE STATISTICS OF THE INSTITUTION,

AS REGARDS THE PAST YEAR.

### TABLE I.

SHEWING THE NUMBER REMAINING FROM LAST YEAR; AS ALSO, THE  
NUMBERS ADMITTED, RECOVERED, IMPROVED, UNIMPROVED,  
AND DIED, DURING THE YEAR BETWEEN 1848-1849.

	Male.	Fem.	Total.	Male.	Fem.	Tot.
Remaining in the Institution, June 1848,	94	70	164			
Admitted during the year, 1848-1849, ...	21	16	37			
	—	—	—			
Total under care during the year, ...	...	..	...	115	86	201
Discharged—Recovered, ..	8	10	18			
„ Improved, ...	7	2	9			
„ Unimproved, ...	2	2	4			
„ Died, ...	8	0	8			
	—	—	—			
Total discharged and died during the year, ...	...	...	25	14	39	
			—	—	—	
Remaining in the Institution, June 1849,	90	72	162			

### TABLE II.

AGES OF PATIENTS ADMITTED FROM JUNE 1848 TO 1849.

	Male.	Female.	Total.
From 10 to 20, ...	3	0	3
„ 20 „ 30, ...	3	4	7
„ 30 „ 40, ...	9	4	13
„ 40 „ 50, ...	3	6	9
„ 50 „ 60, ...	1	1	2
„ 60 „ 70, ...	1	1	2
„ 70 „ 80, ..	1	0	1
	—	—	—
Total, ...	21	16	37



TABLE III.

SOCIAL CONDITION OF PATIENTS ADMITTED.

											Male.	Female.	Total.
Single,	...	..	...	...	...	...	...	...	..	...	13	10	23
Married,	...	...	...	..	...	...	...	...	...	...	8	6	14
Total,											<u>21</u>	<u>16</u>	<u>37</u>

TABLE IV.

DURATION OF THE MALADY, PREVIOUS TO ADMISSION, IN THE  
CASES ADMITTED.

											Male.	Female.	Total.
Cases of the first attack, of not more than 3 months' duration,	...	...	...	..	..	...	...	...	...	...	10	4	14
Cases of the first attack of more than 3, but not more than 12 months' duration,	...	...	..	...	...						7	6	13
Cases not of the first attack, and of not more than 12 months' duration,	...	...	...	...	...	...					0	3	3
Cases, whether of the first attack or not, of more than 12 months' duration,	...	..	...	...	..	...					3	1	4
Cases of which the duration has not been ascertained (all old cases),	...	...	...	...	...	...	...	..			1	2	3
Total,											<u>21</u>	<u>16</u>	<u>37</u>

TABLE V.

DURATION OF DISORDER, FROM ADMISSION TO DISCHARGE,  
IN CASES OF RECOVERY.

											Male.	Female.	Total.
Within 3 months,	...	...	..	...	...	...	...	...			2	7	9
From 3 months to 6 months,	...	...	..	...	...						3	2	5
„ 9 months to 12 months,	..	...	...	...	..						1	0	1
„ 12 months to 2 years,	..	...	...	..	...	...					0	1	1
„ 2 years to 3 years,	...	..	...	...	...	..					2	0	2
Total,											<u>8</u>	<u>10</u>	<u>18</u>

## TABLE VI.

SUPPOSED CAUSES OF THE DISEASE IN THE CASES ADMITTED.

	Male.	Female.	Total.
PHYSICAL CAUSES.			
Hereditary Predisposition, ... ..	0	1	
Predisposition from former attacks, ... ..	4	2	
Natural Imbecility, ... ..	1	2	
Intemperance, ... ..	5	0	
Poverty and Destitution, ... ..	1	0	
Irregular Habits of Life, ... ..	2	0	
Lactation, ... ..	0	1	
Masturbation, ... ..	2	0	
Critical Period of Life, ... ..	0	2	
Amenorrhœa, ... ..	0	2	
	<u>15</u>	<u>10</u>	25
MORAL CAUSES.			
Religious Excitement, ... ..	1	1	
Grief, Anxiety, and Fear, ... ..	1	0	
Disappointments in Business, ... ..	1	0	
Long and anxious Nursing of Relatives, ... ..	0	1	
Causes not ascertained, ... ..	3	4	
	<u>6</u>	<u>6</u>	12
Total, ... ..			<u>37</u>

## TABLE VII.

FORMS OF MENTAL DISORDER IN CASES ADMITTED.

	Male.	Female.	Total.
MANIA—			
Acute, ... ..	7	5	12
Chronic, ... ..	0	3	3
A Potu, ... ..	1	0	1
MONOMANIA—			
Religious, ... ..	0	2	2
Hypochondriacal, ... ..	1	0	1
Of Fear, ... ..	2	0	2
Of Suspicion, ... ..	2	0	2
Of Unseen Agency, with various delusions, ...	1	0	1
MELANCHOLIA, ... ..			
With Tendency to Suicide, ... ..	2	3	5
DEMENTIA—			
Acute, ... ..	2	2	4
Chronic, ... ..	1	0	1
Total, ... ..	<u>21</u>	<u>16</u>	<u>37</u>

## TABLE VIII.

SHEWING THE DEATHS, CAUSES OF DEATH, AND MORBID APPEARANCES  
FOUND ON DISSECTION.

No.	Sex.	Form of Disorder.	Age.	Duration of Disorder.	Length of Residence	Cause of Death.	Morbid Appearances.
1	Male.	Melancholia, with deep religious despondence.	56	One week.	One week.	General Exhaustion.	No dissection could be obtained in this case. He came to the house in the most exhausted condition; owing partially to a severe attack of influenza, and to the want of nourishment, which he obstinately refused.
2	Male.	Furious Mania.	35	Not specified.	Three days.		He came to us quite exhausted, and died in three days. No examination.
3	Male.	Mania. General Paralysis.	38	One year.	Twenty months.	Paralysis.	Great congestion of membranes of the brain; effusion of water between them; substance of brain much infected; effusion in the ventricles; cerebrum of soft, yet cohesive nature; cerebellum very much softened, and highly vascular.
4	Male.	Monomania. Hypochondria.	56	About a year.	One year.	Accidental injury, received in a fight with his attendant.	Fracture of 4 ribs in the left side, 2 on the right side of the chest; effusion of blood in the right cavity of the thorax, and perforation (by the broken end of the rib) of the right lung.
5	Male.	Demencia from early life.	41	Many years.	11 years.	Disease of Mesenteric Glands; Diarrhœa and general Atrophy.	No great indications of disease in the head, unless the most remarkable thickness of the skull. Mesenteric glands enormously enlarged and indurated. Mucous coat of the small intestines much inflamed and ulcerated.
6	Male.	Mania.	86	Some years.	19 years.	Apoplexy.	No examination. The body was removed immediately after death.
7	Male.	Demencia.	66	Many years.	21 years.	Disease of the Heart.	Brain and membranes healthy. Heart very much enlarged. Disease of the valves.
8	Male.	Mania.	54	Many years.	14 years.	Phthisis.	Died suddenly one night shortly after having taken his tea, being then quite well. No examination of body.



